# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET

| SERIAL NO. | | FILING DATE |
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| APPLICANT(S) | | |

CLAIMS

| CLAIMS | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| CLAIMS | | IND | DEP | IND | DEP | IND | DEP |
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